

Amendment No. 4 to the
Agreement Between
Michigan Department of Community Health
and
Real Alternatives
for
Michigan Pregnancy and Parenting Support Services Program

1. Period of Agreement

This agreement shall commence on October 1, 2013 and continue through September 30, 2016. This agreement is in full force and effect for the period specified.

2. Program Budget and Agreement Amount

The total agreement amount is increased from \$ 700,000 to \$ 1,500,000, and the Department's agreement amount is increased from \$ 700,000 to \$ 1,500,000, as shown on the Attachment B budget pages.

3. Amendment Purpose

The purpose of this amendment is to extend the original agreement end date from September 30, 2015 to September 30, 2016, to add funding in the original agreement for \$800,000, and to modify Attachment A, Statement of Work, and Attachment E, Program Description and Work Plan, in the Original agreement.

4. **Original Agreement Conditions**

It is understood and agreed that all other conditions of the original agreement remain the same.

5. **Special Certification**

The individual or officer signing this amendment certifies by his or her signature that he or she is authorized to sign this amendment on behalf of the responsible governing board, official or contractor.

6. **Signature Section**

For the Michigan Department of Community Health

Kim Stephen 9/8/15
Kim Stephen, Director, Bureau of Purchasing Date

For the CONTRACTOR:

KEVIN I. BAGATTA PRESIDENT / CEO
Name (print) Title (print)
Kevin I. Bagatta 9/3/15
Signature Date

Statement of Work

Michigan Pregnancy and Parenting Support Services Program

October 2013 – September 2016

1. Describe the core program elements and the manner in which services will be delivered.
 - a. Describe the individuals who will be eligible to receive services in the program, including any income or residency requirements, and any limitations due to race, gender, ethnicity, age or religion.
 - b. Describe the geographic areas within the State where program services will be provided.
 - c. Describe the core services that will be provided to eligible clients that promote childbirth instead of abortion, and that assist pregnant women with their decision regarding parenting or adoption.
 - d. In addition to the core services, describe the additional support services that will be available to eligible clients in the program.
 - e. Describe the advertising, outreach and marketing efforts that may occur to advise potential eligible clients of the availability of program services.
 - f. Describe how potential clients will access program services.
2. Describe the network of program service providers and counselors, and how they become eligible to provide approved program services.
3. Describe the plan for data collection of required program reporting; and the plan for program quality assurance monitoring, including site reviews and financial accountability.

Program Objectives

1. Assist pregnant women in Michigan to maintain pregnancy and achieve positive healthy pregnancy outcomes through provision of pregnancy support services and referrals to care.
 - a. Provide compassionate, caring and free services through approved life-affirming pregnancy support centers, social service agencies, maternity homes and adoption agencies
 - b. An evaluation of the client's needs is made by the counselor during the counseling sessions.
 - c. Provide pregnancy and parenting support services support utilizing trained crisis intervention counselors (degreed, non-degreed and volunteers)
 - d. Provide referrals to other available community services to support pregnant woman who are experiencing unplanned/crisis pregnancies, including referrals for prenatal and pediatric care, medical care, social services, and other supports as required and available.
 - e. Ensure client feedback is obtained to assure client support during crisis and counseling interventions.
2. Assist new Michigan parents establish positive parenting practices through provision of parenting support services.
 - a. Provide counseling and parenting education and referrals to pediatric care, social services, child care, financial support, housing, education for improving skills or obtaining a GED, job service and vocational training programs
 - b. Provide parenting support utilizing trained counselors (degreed, non-degreed and volunteers)
3. Assist women in Michigan who thought they were experiencing an unplanned/crisis pregnancy, but who are found to be not pregnant.

- a. Provide information on the risks of sexually transmitted diseases, relationship counseling, decision-making counseling, chastity information, teen pregnancy prevention programs, and other counseling to modify risk-taking behavior
 - b. Provide services to women in this category utilizing trained counselors (degreed, non-degreed and volunteers)
4. Serve approximately 4500 women and parents of infants at approximately 12000 visits.
5. Have Service Providers establish and maintain referral lists to life-affirming Michigan public and nonprofit organizations providing care to mothers and infants to assure ongoing care and services.
 - a. Each Service Provider Organization must have the appropriate referral resources to serve clients with essential and beneficial referrals including:
 - i. Referrals for prenatal and pediatric care.
 - ii. Referrals for medical care.
 - iii. Referrals for social services organizations and support services such as:
 - i. WIC, or other nutrition programs; MIHP, or other home visiting programs; local Department of Human Services; local health department; adoption agencies; child care; financial support; housing; education for improving skills or obtaining a GED; job service and vocational training programs; or transportation services as needed.
 - b. Service Provider Organizations are responsible to assure that referral sources are pro-life and continue to be pro-life.
 - c. Service Provider Organizations are responsible to evaluate referral organizations to assure they comply with client service needs.
 - d. Information concerning referral resources will be obtained at each site Monitoring.
6. Assure that program vendor Service Providers:
 - a. Are a nonprofit organization with 501(c)3 tax exempt status
 - b. Operate an alternatives to abortion program that has a stated policy of actively promoting childbirth instead of abortion
 - c. Maintain a pro-life mission and agree not to promote, refer, or counsel abortion as an option to a crisis or unplanned pregnancy
 - d. Are physically and financially separate from any entity that advocates, performs, counsels, or refers for abortion
 - e. Understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
 - f. Provide core services consisting of information and counseling that promotes childbirth instead of abortion, and assists pregnant women in their decision regarding adoption or parenting
 - g. Are nondiscriminatory
 - h. Agree not to promote the teaching or philosophy of any religion or religious organization while providing program services to the client
 - i. Have been in operation a minimum of one year providing core alternative to abortion services to women in a crisis pregnancy
 - j. Provide abstinence education as the best and only method of avoiding unplanned pregnancies and sexually transmitted infections
 - k. Agree to serve all eligible clients, including those with Limited English Proficiency
 - l. Will annually verify that all staff and volunteers have current Michigan State Police and Child Abuse background check clearances
 - m. Maintain client confidentiality
 - n. Will submit their counselor training materials, and policies and procedures manual for evaluation
 - o. Do not charge a fee for services to eligible clients.
 - p. Provide handicapped accessible services.

7. Assure Service Provider compliance with program policies and objectives, including:
 - a. Initial and annual site monitoring of Service Provider sites performed as described in the program description entitled: Michigan Pregnancy and Parenting Support Services Program, October 2013 – September 2016
 - b. Assure accurate record-keeping of client eligibility
 - c. Assure accurate submission of billing forms
 - d. Assure all services are provided in a respectful and non-judgmental manner
 - i. Assure all services are provided to eligible clients with limited English, hearing or visual capabilities
 - ii. Assure all services are provided with appropriate cultural sensitivities
 - e. Assure financial accountability through program site monitoring.
 - f. Ongoing quality assurance measures performed as described in the program description entitled: Michigan Pregnancy and Parenting Support Services Program, October 2013 – September 2016
8. Assure compliance with program reporting requirements. Quarterly Reports are to be submitted to DFCH@michigan.gov by 45 days after the end of the quarter. The Quarterly Reports will, at a minimum, provide a total accounting of the following activities of the Service Providers:
 - a. Monitoring activities completed;
 - b. Monitoring Report findings for each site monitored and subsequent corrective actions taken;
 - c. Technical assistance provided;
 - d. Follow-up on site monitoring findings for Service Providers;
 - e. Direct service activities such as information/services provided or referrals made;
 - f. Significant Project(s) Status Report(s) including a brief narrative of projects described in the Work Plan, and any other significant projects or activities;
 - g. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by their county of residence, and their age reported by the following age groups:
 1. Less than 16 years old;
 2. 16 years old through 20 years old;
 3. 21 years old through 25 years old;
 4. 26 years old through 30 years old;
 5. 31 years old through 35 years old;
 6. 36 years old through 40 years old;
 7. 41 years old through 45 years old;
 8. 46 years old and older.
 - h. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by race, by county, by age (White, African American, Native American, Asian, multi-racial, unknown/not declared)
 - i. The number of pregnant women, non-pregnant women and parenting women served (separate reports for each of these three client types), by ethnicity, by county, by age (Hispanic, non-Hispanic)
 - j. The number of visits by pregnant women, non-pregnant women and parenting women (separate reports for each of these three client types), by county, by age.
 1. Hotline calls from Michigan and number of subsequent referrals to Service Providers
 2. Public Information activities in Michigan
 - k. Report number of Service Provider referrals by type:
 1. Prenatal care providers
 2. Pediatric care providers

I. Report of client outcomes

1. Number of clients indicating they are choosing childbirth
2. Number of clients who visited or are planning to visit a health care provider for prenatal care.
3. Number of clients who have taken their child to a pediatric appointment.
4. Number of clients with infants up to date in immunizations.
5. Number of clients who felt supported at the end of their counseling session.

PROGRAM BUDGET SUMMARY

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger
Use WHOLE DOLLARS Only

PROGRAM Michigan Pregnancy and Parenting Support Services Program			DATE PREPARED 9/2/2015		Page 1	Of 3
GRANTEE NAME Real Alternatives			BUDGET PERIOD From: 10/1/2013 To: 09/30/2016			
MAILING ADDRESS (Number and Street) 7810 Allentown Blvd., Suite 304			BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT ►		AMENDMENT # 4	
CITY Harrisburg	STATE PA	ZIP CODE 17112	FEDERAL ID NUMBER 23-2868660			
EXPENDITURE CATEGORY						TOTAL BUDGET
1. SALARIES & WAGES						
2. FRINGE BENEFITS						
3. TRAVEL						
4. SUPPLIES & MATERIALS						
5. CONTRACTUAL (Subcontracts/Subrecipients)						
6. EQUIPMENT						
7. OTHER EXPENSES						
Administrative Expenses						\$179,750
Services Expenses						\$1,320,250
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)			\$0	\$0	\$0	\$1,500,000
9. INDIRECT COSTS: Rate #1 %						
INDIRECT COSTS: Rate #2 %						
10. TOTAL EXPENDITURES			\$0	\$0	\$0	\$1,500,000

SOURCE OF FUNDS

11. FEES & COLLECTIONS						
12. STATE AGREEMENT						\$1,500,000
13. LOCAL						
14. FEDERAL						
15. OTHER(S)						
16. TOTAL FUNDING			\$0	\$0	\$0	\$1,500,000
AUTHORITY: P.A. 368 of 1978			The Department of Community Health is an equal opportunity employer, services and programs provider.			
COMPLETION: Is Voluntary, but is required as a condition of funding						

PROGRAM BUDGET – COST DETAIL SCHEDULE

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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View at 100% or Larger
Use WHOLE DOLLARS Only

PROGRAM Michigan Pregnancy and Parenting Support Services		BUDGET PERIOD		DATE PREPARED
		From: 10/1/2013	To: 9/30/2016	9/2/2015
GRANTEE NAME Real Alternatives		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT		AMENDMENT # 4
1. SALARY & WAGES	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY	
President & CEO		1	\$53,000	
VP – Administration		1	\$15,923	
Assistant Director of Finance		1	\$1,777	
Accountant		1	\$5,550	
Bookkeeper		1	\$3,900	
			\$0	
			\$0	
1. TOTAL SALARIES & WAGES:		5	\$80,150	
2. FRINGE BENEFITS (Specify)				
<input checked="" type="checkbox"/> FICA <input checked="" type="checkbox"/> LIFE INS. <input checked="" type="checkbox"/> DENTAL INS. COMPOSITE RATE <input checked="" type="checkbox"/> UNEMPLOY INS. <input checked="" type="checkbox"/> VISION INS. <input checked="" type="checkbox"/> WORK COMP. AMOUNT 0.00% <input checked="" type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS. <input checked="" type="checkbox"/> HOSPITAL INS. <input checked="" type="checkbox"/> OTHER (specify) <u>Accrued Vacation</u>				
2. TOTAL FRINGE BENEFITS:				\$29,753
3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)				
3 TOTAL TRAVEL:				\$1,000
4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures) Postage/Shipping: \$3,000; Office Expense: \$13,348; Computer Resources: \$13,675				
4. TOTAL SUPPLIES & MATERIALS:				\$30,023
5. CONTRACTUAL (Specify Subcontracts/Subrecipients)				
<u>Name</u>	<u>Address</u>	<u>Amount</u>		
Consulting		\$5,520		
Legal		\$1,400		
5. TOTAL CONTRACTUAL:				\$6,920
6. EQUIPMENT (Specify items)				
6. TOTAL EQUIPMENT:				\$0
7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures) Auditing: \$5,000; Rent: \$17,000; Telephone: \$2,650; General Liability Insurance: \$1,000; Insurance – Directors & Officers: \$1,850; Equipment Service: \$1,000; Professional Development: \$1,624; Job Advertising/Employee Screening: \$1,780				
7. TOTAL OTHER:				\$31,904
8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$179,750
9. INDIRECT COST CALCULATIONS		Rate #1: Base \$0 X Rate 0.0000 % Total		\$ 0
		Rate #2: Base \$0 X Rate 0.0000 % Total		\$ 0
		9. TOTAL INDIRECT EXPENDITURES:		\$ 0
10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$179,750
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: Is Voluntary, but is required as a condition of funding				
DCH-0386 (E) (Rev 02/13) (W) Previous Edition Obsolete. Use Additional Sheets as Needed				

PROGRAM BUDGET – COST DETAIL SCHEDULE

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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View at 100% or Larger
Use WHOLE DOLLARS Only

PROGRAM Michigan Pregnancy and Parenting Support Services		BUDGET PERIOD		DATE PREPARED
		From: 10/1/2013	To: 9/30/2016	9/2/2015
GRANTEE NAME Real Alternatives		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> AMENDMENT		AMENDMENT # 4
1. SALARY & WAGES	POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY
	Vice President of Operations		1	\$40,700
	Services Coordinator		1	\$8,915
	Services Assistance		1	\$1,085
	Service Provider Approval		1	\$10,100
	Billing Coordinator		1	\$7,000
	Service Provider Monitoring		1	\$8,000
	Hotline Counselor		1	\$1,845
1. TOTAL SALARIES & WAGES:			7	\$77,645
2. FRINGE BENEFITS (Specify)				
<input checked="" type="checkbox"/> FICA <input checked="" type="checkbox"/> LIFE INS. <input checked="" type="checkbox"/> DENTAL INS. COMPOSITE RATE <input checked="" type="checkbox"/> UNEMPLOY INS. <input checked="" type="checkbox"/> VISION INS. <input checked="" type="checkbox"/> WORK COMP. AMOUNT 0.00% <input checked="" type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS. <input checked="" type="checkbox"/> HOSPITAL INS. <input checked="" type="checkbox"/> OTHER (specify) <u>Accrued Vacation</u>				
2. TOTAL FRINGE BENEFITS:				\$21,729
3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)				
3 TOTAL TRAVEL:				\$12,900
4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures)				
Client Education Materials: \$106,600; Pregnancy Test Kits: \$6,500				
4. TOTAL SUPPLIES & MATERIALS:				\$113,100
5. CONTRACTUAL (Specify Subcontracts/Subrecipients)				
<u>Name</u>	<u>Address</u>	<u>Amount</u>		
Services Database Consulting & Development		\$23,000		
Counseling Reimbursement		\$883,126		
5. TOTAL CONTRACTUAL:				\$906,126
6. EQUIPMENT (Specify items)				
6. TOTAL EQUIPMENT:				\$0
7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)				
Services Advertising: \$171,000; Meetings/Seminars: \$6,500; Hotline Referral System: \$1,250; Contract Closeout Cost: \$10,000				
7. TOTAL OTHER:				\$188,750
8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$1,320,250
9. INDIRECT COST CALCULATIONS		Rate #1: Base \$0 X Rate 0.0000 % Total		\$ 0
		Rate #2: Base \$0 X Rate 0.0000 % Total		\$ 0
		9. TOTAL INDIRECT EXPENDITURES:		\$ 0
10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$1,320,250
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.		
COMPLETION: Is Voluntary, but is required as a condition of funding				
DCH-0386 (E) (Rev 02/13) (W) Previous Edition Obsolete. Use Additional Sheets as Needed				

MICHIGAN PREGNANCY AND PARENTING SUPPORT SERVICES PROGRAM

October 2013 – September 2016

Program Description and Work Plan

INTRODUCTION

Real Alternatives is a national, private, tax-exempt, non-profit corporation pursuant to Section 501(c) (3) of the Internal Revenue Code. Using its proprietary "Real Alternatives Program and Instructional Design" (RAPID)¹ system, Real Alternatives has administered the successful and nationally-recognized Alternative to Abortion Services Program as the prime contractor for the Commonwealth of Pennsylvania since July 1, 1997.

The government funding received by Real Alternatives from state governments enables Real Alternatives to provide free, caring, confidential and comprehensive pregnancy support, parenting and adoption education services that encourage a decision of childbirth instead of abortion, to women and their families who are experiencing unexpected pregnancies. Those critical and extremely beneficial services are directly provided through a network of vendor service providers comprised of social service agencies, pregnancy support centers, maternity homes and adoption agencies.

Corporate Mission Statement

Real Alternatives exists to provide life-affirming alternative to abortion services throughout the nation. These compassionate support services empower women to protect their reproductive health, avoid crisis pregnancies, choose childbirth rather than abortion, receive adoption education, and improve parenting skills.

CORPORATE BACKGROUND AND EXPERIENCE

Real Alternatives has been the prime contractor for the Commonwealth of Pennsylvania's alternative to abortion services program for the last 18 years. During that time, over 250,000 women throughout the Commonwealth have been served. Real Alternatives receives the Alternative to Abortion Services grant from the Commonwealth of Pennsylvania Department of Human Services to provide comprehensive pregnancy, parenting and adoption support services to pregnant women who are experiencing an unexpected pregnancy, so they choose childbirth rather than abortion. This is accomplished through a vendor network of approximately 100 social service agencies, pregnancy centers, maternity homes and adoption agencies.

In 2013, Real Alternatives was selected by the Michigan Department of Community Health to be the prime contractor for the State of Michigan's Pregnancy and Parenting Support Services Program. With a network of 17 service provider sites, over 1,450 women throughout the southern region of Michigan have been served since October 2013.

In 2014, Real Alternatives was selected by the Indiana State Department of Health to be the prime contractor for the State of Indiana's Pregnancy and Parenting Support Services Program. With a network of 16 service provider sites, over 7,500 women throughout the northern region of Indiana have been served since October 2014.

Always striving to deliver quality, cost effective services to women, Real Alternatives was recognized by the Central Pennsylvania Business Journal in 2002 and again in 2004 for its technological innovation and cost savings by being selected as a finalist for the Annual Nonprofit Innovation Award. In 2004, Real Alternatives was also one of the first four nonprofits to be awarded the prestigious Pennsylvania Association of Nonprofit Organizations (PANO) Seal of Excellence for meeting the 56 Standards of Excellence criteria for nonprofits. In 2007 and again in 2013, Real Alternatives earned recertification for the PANO Seal of Excellence. Real Alternatives recognizes that a government program is only as good as its last audit. Using the RAPID system has lead to 18 straight perfect CPA audits for Real Alternatives.

Real Alternatives is governed by a Board of Directors and a set of bylaws. The registered office of the Corporation is 7810 Allentown Boulevard, Suite 304, Harrisburg, Pennsylvania 17112, telephone: 717-541-1112, fax: 717-541-9713. Federal ID Number is 23-2868660. The business and affairs of Real Alternatives are managed by its Board of Directors. The board hired and sets the duties of the President & CEO, and he is empowered by the Corporation to carry out the policies of the Corporation, throughout all endeavors on behalf

of Real Alternatives. The President & CEO, Kevin I. Bagatta, Esquire, is the point of contact for questions regarding this grant agreement. Except as otherwise required by Pennsylvania corporate law or other law, the entire control of the Corporation (its management, affairs, and property) is vested in the Board of Directors of the Corporation.

Real Alternatives Staff

Real Alternatives is a national nonprofit corporation with two divisions: one that supports the \$6.7 million a year Pennsylvania Program, the \$1 million a year Indiana Program, and the \$1.5 million Michigan Program and the second division that supports national expansion of government-funded alternative to abortion programs.

The executive management team for the Real Alternatives consists of a full-time President & CEO, a full-time Vice President of Operations, a full-time Vice President of Administration, and a full-time Services Coordinator. Additional personnel include a part-time Accountant, part-time Bookkeeper, a part-time Billing Coordinator, a part-time Special Projects Coordinator, a part-time Community Outreach Coordinator, and a near full-time Toll-Free Counselor.

PROGRAM WORK PLAN

Real Alternatives, through a network of pro-life pregnancy support centers, maternity homes, adoption agencies, and social service agencies (vendor service providers), plans to reach out to each woman, no matter what her background or circumstances, and without fee. Compassionate, trained counselors will assess each woman's situation and assist her in developing a positive life-affirming approach to her pregnancy. Assistance during and after the parenting and adoption decision involves counseling, education, material assistance, and referrals. By empowering women in an unexpected pregnancy with this assistance, they no longer feel compelled to choose abortion out of a sense of being alone, helpless, and hopeless. The outcome goals of this pregnancy and parenting support program will be that women facing crisis/unexpected pregnancies in the state of Michigan will be aware of this comprehensive program, they will receive support, will have improved parenting skills, and will receive adoption education. Such outcome goals will empower them to choose childbirth rather than abortion. This program in turn will have a lowering impact on the Michigan Abortion Choice Percentage (see exhibit 1 in the appendices), and be a factor in reducing medical costs², improving women's health³, and obtaining overall long-term savings for the taxpayers of Michigan.

Program Design

Real Alternatives will utilize the RAPID system to administer this regional program. Real Alternatives, which holds all right, title, and interest to the RAPID system, has proven success in Pennsylvania, Michigan, and Indiana, as a good steward of government financial resources to meet government's desire to assist women to seek an alternative to abortion. Real Alternatives, as the prime contractor, will provide statewide program operations services including program administration and centralized client outreach.

The following is the overall design of the RAPID system, already working in Pennsylvania, Michigan and Indiana along with the description of tasks that will be taken by Real Alternatives in Michigan for program deployment and ongoing operation. (This explanation is visually portrayed at Exhibit 3 in the appendices.)

Program Vendor Service Providers

Presently, 5 vendor service providers with 17 sites are providing pregnancy and parenting support services in Michigan under the program. Real Alternatives plans to recruit and subcontract with more vendor service providers to perform program operational services, primarily involving counseling and support services to clients. Those potential vendor service providers include pregnancy support centers, maternity homes, adoption agencies, and social service agencies that provide life-affirming alternative to abortion services presently throughout the State of Michigan. Specific emphasis will be on those potential service providers geographically located north of State Route 10 so the program will provide statewide coverage of services. Real Alternatives will contact them in October/November 2015 advising them of Real Alternatives' plan to contract with those who meet Real Alternatives' vendor standards to perform services under the Michigan Department of Community Health grant.

First, the potential vendor service providers are screened for eligibility and are then approved as subcontractors. Next, their counselors who will be providing the services are trained on program requirements, eligible services and restrictions in delivery of those counseling services.

Once counselors in the field are certified, they submit information online each time they provide approved services to program eligible clients. This information includes demographic information, topics discussed in the counseling session, counseling and referral time, and billing information, along with a required certification by the counselor of the validity of what is being submitted for reimbursement. This online information is submitted daily and processed by Real Alternatives. Real Alternatives gathers the regional data and converts it for use in the financial accounting system and performance reporting system. Real Alternatives will continue to report to DCH for the previous month's services performed. Requests for remaining cash advances will occur each month. Once paid, Real Alternatives will pay the vendor service providers for their past month's approved services.

Service Provider Selection Process

Providing pregnancy support that promotes childbirth and alternatives to abortion requires experienced individuals taking the time to listen to the concerns of the women in crisis and supporting them. The quality of the vendor services provided to these women is of utmost importance to Real Alternatives. This dedication to the quality of service is reflected in the RAPID Service Provider Selection Process. Once a potential vendor service provider expresses interest in becoming a vendor service provider for the program after being contacted by Real Alternatives, the potential vendor service provider is asked if they meet the minimum requirements for the program. The minimum criteria required for potential vendor service providers is that they:

- ♦ are a 501(c) 3 tax exempt organization
- ♦ operate an alternative to abortion program that has a stated policy of actively promoting childbirth instead of abortion
- ♦ maintain a pro-life mission and agree not to promote abortions, refer women for abortions, or counsel women to have an abortion as an option to a crisis pregnancy
- ♦ be physically and financially separate from any entity that advocates for abortion, performs abortions, counsels women to have abortions, or refers women for abortion
- ♦ provide core services consisting of information and counseling that promotes childbirth instead of abortion and assists pregnant women in their decision regarding adoption or parenting
- ♦ understand that the funding for alternative to abortion services under this program does not include funding for the provision, referral, or advocacy of contraceptive services, drugs, or devices
- ♦ are nondiscriminatory
- ♦ agree not to promote religion during government-funded contract services
- ♦ have been in operation a minimum of one year providing core alternative to abortion crisis intervention services to women in a crisis/unexpected pregnancy
- ♦ serve low-income clients
- ♦ do not charge a fee for program services to eligible clients
- ♦ provide a physical site that is handicapped accessible, or that they have the capability to make special provisions to provide program services to persons with disabilities.

Based upon their response to the minimum requirements evaluation, a potential vendor service provider is required to submit a binder of backup documents for review by Real Alternatives. Such documents include at a minimum:

- ♦ proof of IRC 501 (c) 3 tax-exempt status with federal tax number
- ♦ a copy of the Corporate Articles of Incorporation and Amendments filed with the Secretary of State
- ♦ a copy of the Bylaws of the Corporation
- ♦ policy and procedures manual that include a confidentiality policy
- ♦ board of directors or equivalent governing body
- ♦ counseling training materials
- ♦ proof of general liability insurance for sites where services are rendered, as well as automobile and workers compensation insurance.

All material will be reviewed and if the program criteria are met, a visual inspection of the site is

arranged and observed. Upon completion of the visual site inspection, a written evaluation is completed along with the Evaluator's recommendation. The Vice President of Operations then reviews all documents and makes a recommendation to the President & CEO. If the President & CEO approves the potential vendor service provider, then DCH will be informed. An agreement will be offered to the new potential vendor service provider.

Real Alternatives estimates it will contract with between 17- 25 total pro-life vendor service provider sites located throughout Michigan to serve women in need.

Service Provider Training and Monitoring

Upon successful completion of the approval process, the vendor service provider's personnel and volunteers are trained on program compliance. Real Alternatives will accelerate the training through the use of the RAPID Training Process. Vendor service providers are retrained every year on program requirements and compliance. In addition to annual training, each vendor service provider receives on-site and/or remote monitoring for program compliance annually. Monitoring reports on the vendor service provider's physical site, program compliance, and corporate changes will be prepared by Real Alternatives' staff, annotating deficiencies and corrective actions taken. The site monitoring reports will appear in the quarterly reports to DCH.

Quality assurance of services is accomplished by Real Alternatives in multiple ways:

1. initially by the vendor service provider screening process and approval process, then
2. by the training process accomplished by Real Alternatives at counselor training, then
3. by having each counselor sign a certification statement of understanding of important program rules before the forms submitted by them are reimbursed in the system, and
4. finally by monitoring each vendor service provider for programming contract compliance once a year starting in 2015.

Those vendor service providers with multiple sites will have two or more site monitorings performed by the Real Alternatives.

Vendor Service Provider monitoring encompasses three parts. During the Corporate Administration and Program Profile Review, the following is reviewed:

- Review of policy and procedure manuals and documentation of Board of Directors approval (manuals include: Non-Discrimination Policy, Confidentiality Policy, Sexual Harassment Policy, Spiritual Issues Policy, Abortion/contraception Policy, internal client grievance procedures, Limited English Proficiency Policy, Adoption Policy);
- Review of counselor training plan, counseling skills training, training materials, assessment and ongoing training;
- Review of corporate documents (Mission statement, board of directors listing, articles of incorporation, by-Laws, non-profit status);
- Review of program operations (including, Client intake form, Client services, primary client referral sources, provider referral resource list, pregnancy test requirements, client educational materials, and staff/volunteer training procedures)

During the Facility Inspection, the following is reviewed:

- Inspection of facility including: waiting area, counseling areas lavatories, fire safety procedures and equipment,
- review of literature, review of current counselor child abuse clearance, handicap accessibility, confidential handling of client files, review of service site website and/or yellow page ads.

During the Reimbursement Compliance Review, the following is reviewed:

- Review of randomly selected client files for accuracy of billing.

Service Provider Reimbursement Method

In the area of vendor service provider reimbursement, service providers are reimbursed as vendors for the core and support services rendered to women on a "fee-for-service" type of arrangement. The minimum rates for reimbursement are \$1.09 per minute for counseling time and referral time; \$21.80 per class per client; \$10.90 per client self-administered pregnancy test kit, \$10.90 per food, clothing, and/or furniture pantry visits not to exceed four visits per pantry type; and, \$5.45 per online client data collection form. This performance driven reimbursement system rewards vendor service providers who take their program reimbursement and reinvest in their services by opening more centers and hiring more counselors to serve more women in need. By serving more women, these centers receive more reimbursement. No money is "given" to the vendor service providers – they earn it. By using the prime contractor/subcontractor model, vendor service providers do what they do best, one-on-one counseling and mentoring instead of government contracting, and the prime contractor does what it does best, government program administration and client outreach.

This approach results in the Michigan Pregnancy and Parenting Support Services Program maximizing focus and performance for the prime contractors and vendor service providers.

One confidential form is required for the billing system. The client fills out the form containing personal and demographic information and signs it to confirm a person was served that day of service. The form the client fills out allows each client to have the ability to register a complaint or comment at each visit throughout the state using the same method that has been successfully used in the Pennsylvania program for 18 years. Each form will have a telephone number that clients can call to register a complaint about any services provided to them at the vendor service provider level to Real Alternatives. Complaint calls are followed up by Executive Staff.

Real Alternatives will use the RAPID Online Data Collection, Billing, and Reporting Systems software to receive monthly billing from the service providers; process the demographic, billing, and performance data; and submit the services bill to the DCH for reimbursement along with administrative and outreach costs. Once reimbursement occurs from DCH then Real Alternatives will reimburse the vendor service providers.

Charitable Choice Act – Faith-Based Organization Policy

Real Alternatives will implement the present RAPID faith-based policy currently being used in Pennsylvania, Michigan, and Indiana. A faith-based service provider which includes among its activities worship, religious instruction, proselytization or other inherently religious programs cannot be funded for those activities under the Michigan Pregnancy and Parenting Support Services Program. Reimbursement is prohibited for worship services, bible study, prayer meetings, prayer with a client during the program visit, or any form of proselytization, i.e., to recruit members for religious conversion.

If a vendor service provider does engage in such activities with a client in the pregnancy and parenting support program, those activities must occur separately, in time or location, from services provided pursuant to the contract with Real Alternatives. By the way of example of what may constitute separateness in place, if a vendor service provider occupies a building with a single entrance and provides counseling in one of its rooms, it may, with a signed request from a client, immediately after program counseling, engage in spiritual or religious activity with the client in a separate room in the building, with a different spiritual or religious counselor – a person other than the one who provided service under the contract.

An example of separation in time would permit a different spiritual counselor to meet with a client, if the client signs a request, after the counselor providing client services under the Michigan Pregnancy and Parenting Support Services Program, leaves the room.

Participation in religious/spiritual activities by a client must be voluntary, and the client must understand that refusal to participate in religious activities will not disqualify her from receiving services under the program. An approved request form must be provided to the client before any such religious activity occurs to assure that voluntary, informed consent is provided by the client.

A vendor service provider under the contract may retain religious terms in its organization name, select its board members on a religious basis and include religious references in its organization's mission

statements and other governing documents. It cannot, however, include any religious activity or program with client services and must certify to Real Alternatives that it complies with its contract requirements.

Program Client Services

The primary purpose of the Michigan Pregnancy and Parenting Support Services Program is to provide core services consisting of information, education, and counseling that promotes childbirth instead of abortion and assists pregnant women in their decision regarding adoption or parenting. The program also provides support services including client self-administered pregnancy test kits, baby food, maternity and baby clothing and baby furniture, information and education, and referrals for other services for the needs of the women and newborn. The information and education provided under support services includes topics regarding infant care, adoption, or parenting.

The enabling legislation for the Michigan Pregnancy and Parenting Support Services Program states the program must promote childbirth and alternatives to abortion. Vendor service providers are to provide free counseling, support, and referral services to eligible women during pregnancy, and through 12 months after birth. As appropriate, the goals for client outcomes shall include an increase in client support, an increase in childbirth choice, an increase in adoption knowledge, an improvement in parenting skills, and improved reproductive health through abstinence education.

Real Alternatives, through the vendor service providers, will offer a comprehensive umbrella of core and support services that provide women direct support during and after the crisis/unexpected pregnancy.

For those in a crisis/unexpected pregnancy, core services are delivered by providing direct counseling support during the parenting and adoption decision. Services include:

- ♦ crisis intervention counseling and case management in a non-judgmental atmosphere
- ♦ education on fetal development and the health and nutritional needs of pregnant women, including books, videos, brochures, and fetal models
- ♦ abortion information - what it is, what it does, and negative outcomes associated with it
- ♦ pre- and post-natal education; pregnancy and certified childbirth classes
- ♦ access to information on medical care, hospital clinics, doctors, health care facilities, and other professional services; assistance with identifying drug and alcohol programs, if needed
- ♦ adoption service information
- ♦ life-skill training for parenting and nutritional needs
- ♦ availability of other community social services
- ♦ tangible aid in the form of maternity clothes
- ♦ other programs for the physical and emotional needs of women experiencing the stress of a crisis/unexpected pregnancy

For women who have given birth, support services are delivered by providing direct parenting or adoption support because of their decision not to abort. These services take the form of:

- ♦ parenting counseling and classes
- ♦ education referrals for upgrading skills or obtaining a GED
- ♦ child care referrals
- ♦ mentoring
- ♦ information on Women Infants and Children (WIC) programs
- ♦ job service and vocational training opportunities availability
- ♦ tangible aid in the form of baby and infant items and other needed supplies

For those who come to our Service Providers thinking they may be experiencing a crisis/unexpected pregnancy but are unsure, client self-administered pregnancy test kits are always available. For those in this category who are found to be not pregnant, services include:

- ♦ information on the risks of sexually transmitted diseases
- ♦ relationship counseling
- ♦ decision making education
- ♦ chastity classes
- ♦ teen pregnancy prevention programs

- ♦ other counseling offered to modify risk-taking behavior.⁴

This umbrella of services allows Real Alternatives to provide direct support services so women do not feel the need to have an abortion now or in the future, as well as provide programs that work to prevent the circumstances that might lead to the perceived need for an abortion in the first place. With the ability to provide a wide range of readily available nearby services to Michigan women, they are empowered to make more informed choices concerning their child, as well as begin to plan for a future that will include independence and self-sufficiency. The consistent provision of these services over a significant period of time provides a better opportunity for counselors to help women who desire to change their status from a dependent mother to an independent mother.

Program Administration Services

Real Alternatives will provide the following program coordination services: seek out, approve and sign contracts with qualified vendor service providers to deliver core services to clients; train approved vendor service providers in program requirements; ensure that only program trained and approved counselors submit for reimbursement under the program; conduct annual on-site and remote monitoring of the vendor service providers using to ensure subcontract and program compliance; conduct annual education material purchase for clients; conduct annual professional education conference for program counselors; conduct statewide program advertising; provide to DCH monthly financial reports of expenses and reimbursement requests for the next quarter's services; provide quarterly reports of statewide vendor service provider performance to DCH including clients served and total visits by age and by county, as well as hotline referrals and patches by age and by county.

Program Educational Material Purchase

While the vendor service providers' counselors are providing services to clients, Real Alternatives staff will implement a substantial RAPID Client Education Materials Purchase during contract year 2015/2016 of the grant. Again, the state of Michigan will be able to save development time and money by using material which have already been reviewed for currency and accuracy under the RAPID system. Vendor relationships already established by Real Alternatives will be able to be used resulting in appropriate mass quantity discounts. Real Alternatives, with 18 years of experience serving a diverse population of women in crisis pregnancies in the sixth largest state in the US, will continue to develop special education and information materials tailored for the Michigan program.

Program Advertising

Many women choose not to abort once they are aware there is someone available to assist them during their parenting or adoption decision. Advertising is imperative to inform women that there are people and this program in the state of Michigan to help them. Now that a large number of vendor service providers sites are approved and providing services, the RAPID marketing system will be used to conduct a targeted social media campaign of the RAPID 1-888-LIFE-AID hotline patch system. (See below). As the program grows north geographically to cover the entire state of Michigan, advertising will follow the growth.

Real Alternatives will use the social media ads developed and tested over the years in the Pennsylvania, Indiana and Michigan programs that have been specifically tailored to reach women in a crisis/unexpected pregnancy who are unsure whether to abort or not. Using the methods perfected over the years, media buying will accomplished by Real Alternatives.

The RAPID LIFE-AID hotline patch system provides a trained, bilingual, crisis intervention telephone counselor to provide brief initial counseling and determine where the caller is calling from. The caller is then patched to a counselor at an approved vendor service provider nearest to her. For those clients searching the internet, referrals are made from the existing bilingual Real Alternatives website www.RealAlternatives.org, which has been adapted for use by Michigan citizens. That website is updated with the latest new service providers immediately once the vendor service providers sign, agree to contract terms, and have been trained by Real Alternatives. To ensure program compliance, only approved vendor service providers who meet program requirements and have contractually agreed to them with Real Alternatives will be listed in these referral sources.

The telephone number 1-888-LIFE-AID, is a national toll-free number owned by Real Alternatives. In order to save costs, the LIFE-AID number is the entry point for the entire Michigan Pregnancy and Parenting Support Services Program. As such, all media, FaceBook and Google ads, brochures, television, and future radio ads will advertise it. During contract year 2015/16 the advertisement budget is high so that Real Alternatives may continue to inform the women of Michigan of the program's existence. As the program grows to the north of the state, advertising will follow. As new clients are referred to vendor service providers, increased reimbursement follows the increase in services. As services and reimbursement increases, reinvestment by the vendor service providers in staff and centers builds more capacity for them to serve more clients.

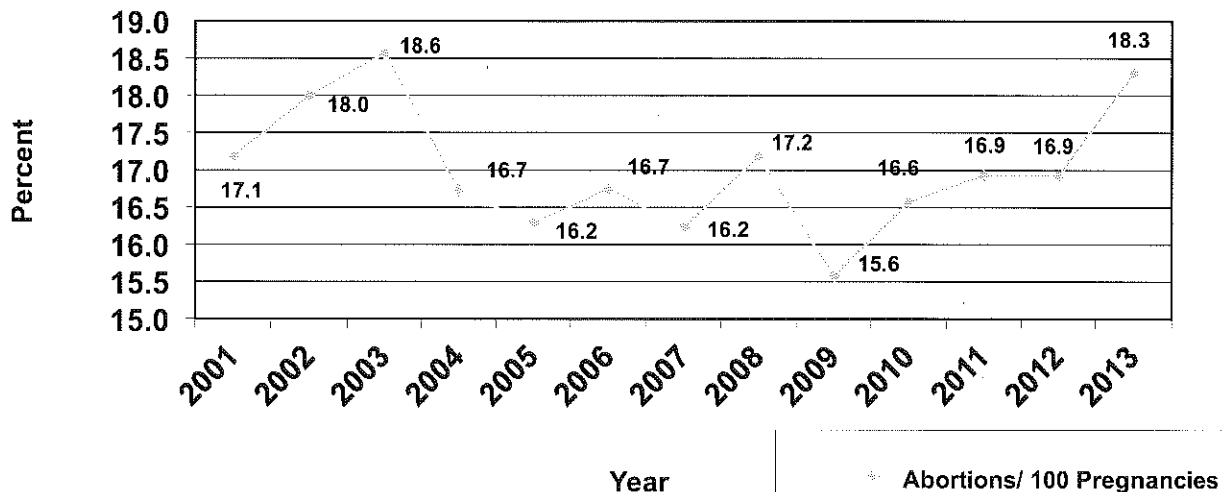
Program Professional Development Conference for Counselors/mentors

Real Alternatives will create, plan, and conduct an Annual Program Services Provider Conference for service provider counselors and mentors serving women under the Michigan Pregnancy and Parenting Support Services Program. Counselors and mentors will be invited to the centrally located Conference. Speakers will be hired to provide talks on topics of interest that can assist counselors and mentors as they serve the needs of women in unexpected pregnancies.

ASSUMPTIONS

This work plan is based on the assumption that DCH will continue to promptly reimburse Real Alternatives monthly for program services expenses that have occurred.

Michigan Abortion Choice Percent



APPENDICES

Exhibit 1 /

"The Michigan Abortion Choice Percentage" is calculated by taking the Total MI Resident Abortions and dividing that number by the sum of the Total MI Resident Abortions and Total MI Resident Live Births. All figures used to track this outcome are obtained from the *Michigan Health Statistics*, the Michigan Department of Community Health website. The Abortion Choice Percentage represents the percentage of women who chose to undergo abortions out of the total population of women who could. General program impact can be measured because pregnant women who receive support and encouragement through alternative to abortion services are empowered to choose childbirth rather than abortion.

Exhibit 2: END NOTES

¹ The RAPID system includes the following copyrighted and proprietary information and material which belongs to and shall remain the exclusive property of Real Alternatives: all software, documents, checklists, staff training materials, service provider user guides, billing systems, and program management tools used to administer a regional Michigan Pregnancy and Parenting Support Program. The RAPID system is not a deliverable under this grant agreement.

² Often when faced with a crisis pregnancy, women delay prenatal care resulting in low birth weight babies that increases health care cost and high infant mortality rates. National Prevention Council, *National Prevention Strategy*, Washington, DC:

U.S. Department of Health and Human Services, Office of the Surgeon General, 2011

A prior first trimester induced abortion has been found to be an irreversible risk factor associated with preterm birth. *Immutable Medical Risk Factors Associated with Preterm Birth*. Preterm Birth: Causes, Consequences, and Prevention. Institute of Medicine, 2007, pp. 625.

In addition, for every \$1.00 spent on prenatal care, approximately \$3.38 to \$11.00 could be saved in Neonatal Intensive Care Unit costs. "Preventing Low Birth Weight Summary", *Committee to Study the Prevention of Low Birth Weight, Division of Health Promotion and Disease, the Pennsylvania Department of Health*. The United States currently spends just \$1 to prevent sexually transmitted diseases for every \$43 spent treating the 12 million cases diagnosed each year... teenagers suffer a staggering 3 million cases a year. "STDs are Labeled Hidden Epidemic", *The Harrisburg Patriot*, Nov. 20, 1996, A5. STDs cost the U.S. health care system \$17 billion every year—and cost individuals even more in immediate and life-long health consequences. *Sexually Transmitted Disease Surveillance Report 2010*, Centers for Disease Control and Prevention.

³ Lowering abortions can lower the incidence of breast cancer. A Turkish study done between 2000 and 2006 showed induced abortion significantly associated with increased breast cancer. *World Journal of Surgical Oncology* 2009, 7:37 doi:10.1186/1477-7819-7-37 This article is available from: [HYPERLINK](http://www.wjso.com/content/7/1/37)

"<http://www.wjso.com/content/7/1/37>" <http://www.wjso.com/content/7/1/37> © 2009 Ozmen et al; licensee BioMed Central Ltd.

In a study of eight European countries, researchers concluded that the increase in breast cancer incidence appears to be best explained by an increase in abortion rates and lower fertility. *The Breast Cancer Epidemic: Modeling and Forecasts Based on Abortion and Other Risk Factors*, Journal of American Physicians and Surgeons, Vol. 12, No. 3, Fall 2007, pp. 72-78.

A study of 1,451 women who developed breast cancer before the age of 40 had a 90 percent increase in the incidence of breast cancer if they aborted their first pregnancy versus those women who delivered their first baby. "An Early Abortion and Breast Cancer Risk Among Women Under Age 40," Howe, H.L., Bzduch, H., Hezfeld, P., *International Journal Epidemiology*, 18:300-304. Additionally, women under age 18 who had an abortion after the eighth week of pregnancy increased their risk of breast cancer by 800 percent. "Risk of Breast Cancer Among Young Women: Relationship to Induced Abortion", *Journal of the National Cancer Institute*, 88:21, November 2, 1994. There is an overall 30 percent risk increase attributable to induced abortion based on meta-analysis of 30 years of studies. Brind, et al. (1997), *J. Epidemiol Community Health* 50:481-496. According to Dr. Angela Lanfranchi, abortion causes breast cancer in about 5% of women who have an abortion. This results in approximately 10,000 cases a year of breast cancer that can be attributed to abortion. After an induced abortion, the female is exposed to very high levels of mitogen and estrogen. This would leave her breast with more places for cancers to start. "The Breast Physiology and the Epidemiology of the Abortion Breast Cancer Link", *Imago Hominis*, 2005, pp. 228-236. The Breast Cancer Prevention Institute claims that the more estrogen a woman is exposed to in her lifetime, the higher her risk for breast cancer. Abortion in women under 18 and over 30 years old carries the greatest risk of getting breast cancer. "The Biologic Cause of the Abortion Breast Cancer Link: The Physiology of the Breast", *Breast Cancer Prevention Institute*, May 2004 (revised). Studies have shown that women who have ever used early formulations of oral contraceptives and who also have a first-degree relative with breast cancer may be at a particularly high risk for breast cancer. Women with a strong family history who have used more recent lower-dosage formulations of oral contraceptives should be advised of the risks regarding oral contraceptive use and breast cancer. "Oral Contraceptives and Breast Cancer: A Note of Caution for High-Risk Women", *The Journal of the American Medical Association*, Vol. 284, No. 14, October 11, 2000, pp. 1-6.

A 2009 study reports that oral contraceptive use contributes to younger women developing breast cancer particularly a type called triple-negative that is aggressive, more difficult to treat and has higher mortality rates. Among women ≤ 40 years of age, the risk for breast cancer overall, and the risk of non-triple-negative breast cancer increased with younger age at first use. Dollé, Jessica M. and Daling, Janet R. *Risk Factors for Triple-Negative Breast Cancer in Women Under the Age 45 Years*. *Cancer Epidemiology, Biomarkers & Prevention* 2009; 18(4) April 2009, pp. 1157-1166.

Those who abort a first pregnancy are at a greater risk of subsequent long term clinical depression.... (Summer 2003) "Clinical Depression Linked to Abortion", *British Medical Journal*, 1992, pp. 151-152. Results of a New Zealand study suggest that women who experience distress as a result of having an abortion are more likely to have subsequent mental health problems. *Reactions to abortion and subsequent mental health*, The British Journal of Psychiatry, May 2009, Vol. 195, pp.420-426

⁴ Abstinence education meets the two-prong goal of lowering unexpected pregnancies and sexually transmitted diseases. While going through a process of emotional growth in adolescence, teens frequently get involved in risky sexual behaviors that expose them to unexpected pregnancy and sexually transmitted infections. Researchers have found that abstinence-only sex education intervention programs are effective in the prevention of unintended adolescent pregnancies. "Adolescent Pregnancy Prevention: An Abstinence-Centered Randomized Controlled Intervention in a Chilean Public High School", *Journal of Adolescent Health*, 2005, pp. 64-69. Promising programs to improve reproductive health outcomes include those that focus on early childhood investments, that involve teens in school and in outside activities (including youth development in combination with sexuality education and community volunteer learning), and those that send nurses to visit teenage mothers, which reduce their chances of becoming pregnant again. "Preventing Teenage Pregnancy,

Childbearing, and Sexually Transmitted Diseases: What Research Shows", *Child Trends Research Brief*, May 2002, pp. 1-10. True abstinence education programs help young people to develop an understanding of commitment, fidelity, and intimacy that will serve them well as the foundations of healthy marital life in the future. Abstinence education programs have repeatedly been shown to be effective in reducing sexual activity among their participants. "The Effectiveness of Abstinence Education Programs in Reducing Sexual Activity Among Youth", *The Heritage Foundation*, April 8, 2002, pp. 1-12. The Institute for Research and Evaluation conducted more than 100 evaluations of abstinence education interventions in 30 states over the past 15 years and found that well-designed and well-implemented abstinence education programs can reduce teen sexual activity by as much as one-half over a period of one to two years. *Abstinence" or "Comprehensive" Sex Education?* The Institute for Research and Evaluation, 2007.

The Birth Control Pill, Norplant, IUD, diaphragm, cervical cap, sponge, Depo-Provera and spermicides do not protect against STDs. "Preventing STDs," Wills, Judith Levine, *FDA Consumer*, Publication No. (FDA) 94-1210, June 1993. Latex Condoms may reduce but cannot eliminate the risks of contracting STDs. "Sexually Transmitted Diseases", Nestor, Lynn Paige, MSN, and O'Connell, Michelle Brott, BSN, *U.S. Department of Health & Human Services, Public Health Service*. U.S. Food and Drug Administration tests designed to measure the leakage of viral particles through latex condoms reveal significant leakage of HIV-sized particles under some conditions for one-third of the condoms tested. *Sexually Transmitted Diseases*, July - August, 1992, 194, 230-234. A U.S. government study revealed no proof that condoms prevent the transmission of the most common sexually transmitted infections, including gonorrhea, chlamydial infection, trichomoniasis, genital herpes, syphilis, chancroid, and HPV-associated diseases. "Workshop Summary: Scientific Evidence of Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention," *National Institutes of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services*. July 20, 2001. There's no absolute guarantee that a person won't get a sexually transmitted disease even when using a condom.

<http://www.fda.gov/ForConsumers/byAudience/ForPatientAdvocates/HIVandAIDSactivities/ucm126372.htm>
accessed 5/31/12 Page Last Updated: 07/22/2010

A large number of teens and some adults may be engaging in oral sex to prevent pregnancy and sexually transmitted diseases. However, a report from the National Center for Health Statistics (a division of the CDC) cited evidence that HIV, gonorrhea, Chlamydia, chancroid, and syphilis can all be transmitted through oral sex. "Oral Sex is Common Among Teens to Prevent STDs and Pregnancy", *MedPage Today*, September 16, 2005, pp. 1-4. Herpes, gonorrhea, syphilis, hepatitis A, B, and C, and HIV all can be transmitted through oral sex. <http://teens.webmd.com/rm-quiz-safe-sex> accessed 5/31/12 Page last Reviewed by Brunilda Nazario, MD on August 26, 2011.

When compared to teens that are not sexually active, teenage boys and girls who are sexually active are significantly less likely to be happy and more likely to feel depressed. Also, when compared to teens that are not sexually active, teenage boys and girls who are sexually active are significantly more likely to attempt suicide. "Sexually Active Teenagers Are More Likely to be Depressed and to Attempt Suicide", *The Heritage Foundation*, June 2, 2003, pp. 1-8.

Females with a history of casual sex report most depressive symptoms. For females, as the number of sexual partners increase, depressive symptoms increase as well. *No Strings Attached: The Nature of Casual Sex in College Students*, *The Journal of Sex Research*, Vol. 43, No. 3, August 2006, pp. 255-267. STDs are one of the most critical health challenges facing the nation today.

A CDC study estimated that 1 in 4 (26%) young women between the ages of 14-19 years old in the United States are infected with at least one of the most common sexually transmitted diseases. Nationally Representative CDC Study Finds 1 in 4 Teenage Girls Has a Sexually Transmitted Disease, *2008 National STD Prevention Conference*, Press Release, March 11, 2008.

Exhibit 3

